| (Column 1) (Column 2)   |  |   |                |   |                             |     | TYPE (     |  |                | OTHER THAN OF SMALL ENTITY |                        |
|---|--|---|----------------|---|-----------------------------|-----|------------|--|----------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   |                |   | •                           |     | RATE       | FEE  |                | RATE                       | FEE                    |
| FOR   |  |   | NUMBER         | R FILED                                   | NUMBER EXTRA                |     | BASIC FE   | E  | OF             | BASIC FEE                  | 926                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 m           | 13 minus 20=                              |                             |     | XS-9=      |  | ÖA             | X\$16=                     |                        |
| IN  | DEPENDENT (                                    | CLAIMS                                    | minus 3 =      |   |                             |     | X43=       |  | OR             | X86=                       |                        |
| M   | ULTIPLE DEPE                                   | NDENT CLAIM I                             | PRESENT        | RESENT                                    |                             |     | -145=      | ·  | OR             | -290=                      | ,                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                |   |                             |     | TOTAL      | <del>                                     </del> | OR             | TOTAL                      | 920                    |
|   | 9/3/4  | CLAIMS AS                                 | AMENDE         | MENDED - PART II (Column 2) (Column 3)    |                             |     | SMALL      | ENTITY   | <b>-</b><br>OR | OTHER<br>SMALL             |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO   | T<br>R PRESENT<br>SLY EXTRA |     | RATE       | ADDI-<br>TIONAL<br>FEE                           |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 13                                      | Minus          | - 20                                      | ] = -                       |     | XS 9=      |  | OR             | XS18=                      |                        |
|   | Independent                                    | . 3                                       | Minus          | 3   | =                           |     | X43= ·     |  | OR             | X86=                       | .,                     |
| ∢<br>—  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |   |                             |     | +145=      |  | OR             | +290=                      |                        |
|   |  | •   | •              |   | 1                           | · L | TOTAL      |  | OR             | TOTAL<br>ADDIT. FEE        | •                      |
|   |  | (Column 1)                                | ·              | (Column                                   | 2) (Column 3)               |     |            | 1  |                |                            |                        |
|   |  | CLAIMS REMAINING AFTER AMENDMENT          |                | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | PRESENT<br>LY EXTRA         |     | RATE       | ADDI-<br>TIONAL<br>FEE                           |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B   | Total  | •   | Minus          | od "                                      | 8                           |     | X\$ 9=     |  | OR             | X\$18=                     |                        |
|   | Incependent                                    | •   | Minus          | ****                                      |                             |     | X43=       |  | OR             | X86=                       | -                      |
|   | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF    | ENDENT CL                                 | AIM L                       |     | +145=      | 1 :  | OR             | +290=                      |                        |
|   |  |   |                |   |                             |     |            |  | OR ,           | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                | (Column a                                 | 2) (Column 3)               |     | · ·        | 400  | r              | <del></del>                | ADDI-                  |
| בוע<br>בוע  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUMBER<br>PREVIOUSI<br>PAID FOR           | PRESENT<br>LY EXTRA         |     | RATE       | ADDI-<br>TIONAL<br>FEE                           |                | RATE                       | TIONAL<br>FEE          |
|   | Total  | •   | Minus          | 1 60                                      | =                           |     | X\$ 9=     |  | OR             | X\$18=                     |                        |
|   | independent                                    | •   | Minus ·        |   | -                           |     | X43=       |  | OR             | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |   |                             |     | +145=      | 11 1   | OR             | +290=                      |                        |
| th the entry of column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                |   |                             |     |            |  |                | TOTAL<br>DDIT. FEE         |                        |
| <b>-</b> #  | the "Highest Nun                               | nber Previously Pa                        | id for IN THIS | SPACE IS IESS                             | (nan 20, enter 20.          |     | DIT. FEE L |  | . ~            |                            |                        |